

1 LOCATION OF WATER WELL
 County: Montgomery Fraction NE 1/4 SW 1/4 NE 1/4 Section Number 30 Township Number T 32 S Range Number R 17 E/W

Distance and direction from nearest town or city? 2 1/2 m. SW of Cherryvale City Limits on 160 Street address of well if located within city?

2 WATER WELL OWNER: Howard Crawford Board of Agriculture, Division of Water Resources
 RR#, St. Address, Box # : Route 1 Cherryvale Kan 67335 Application Number:

3 DEPTH OF COMPLETED WELL: 82 ft. Bore Hole Diameter: 10 in. to 12 ft., and 6 in. to 82 ft.

Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well

Well's static water level: 17 1/2 ft. below land surface measured on Sept month 29 day 1980 year

Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 1/2 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 2 PVC 4 ABS 7 Fiberglass
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)
 Casing Joints: Glued Clamped _____
 Welded _____
 Threaded _____

Blank casing dia: 6 in. to 22 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: 12 in., weight _____ lbs./ft. Wall thickness or gauge No. SDR 21

TYPE OF SCREEN OR PERFORATION MATERIAL: None
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 8 Saw cut 11 None (open hole)

Screen-Perforation Dia _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grouted Intervals: From 2 ft. to 12 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) _____

Direction from well South east How many feet 200 ? Water Well Disinfected? Yes No

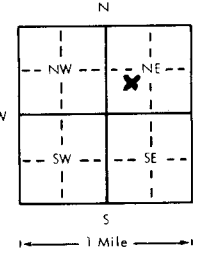
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes No

If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____

Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on Sept 29 1980 month 29 day 1980 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 393
 This Water Well Record was completed on Sept 29 1980 month 29 day 1980 year under the business name of Country Water by (signature) Melvin Ray Weber

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

 FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG
 0 2 Soil 50 55 Gray Shale
 2 5 Clay 55 60 Gray Sand Rock
 5 10 Rock + Clay 60 82 Gray Shale
 10 17 Red Rock (Sand) Lime
 17 20 Brown Sand Rock
 20 23 Clay & Sand
 23 30 Gray Sand Rock
 30 35 Gray Shale
 35 36 Gray Sand Rock
 36 38 Gray Shale
 38 50 Gray Sand Rock

ELEVATION: _____

Depth(s) Groundwater Encountered 1. 30? ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T
32
R
17
EW
SEC
30
NE 1/4 SW 1/4 NE 1/4